



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:46

Reporting for the week ending 11/14/20 (MMWR Week #46)

November 20th, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

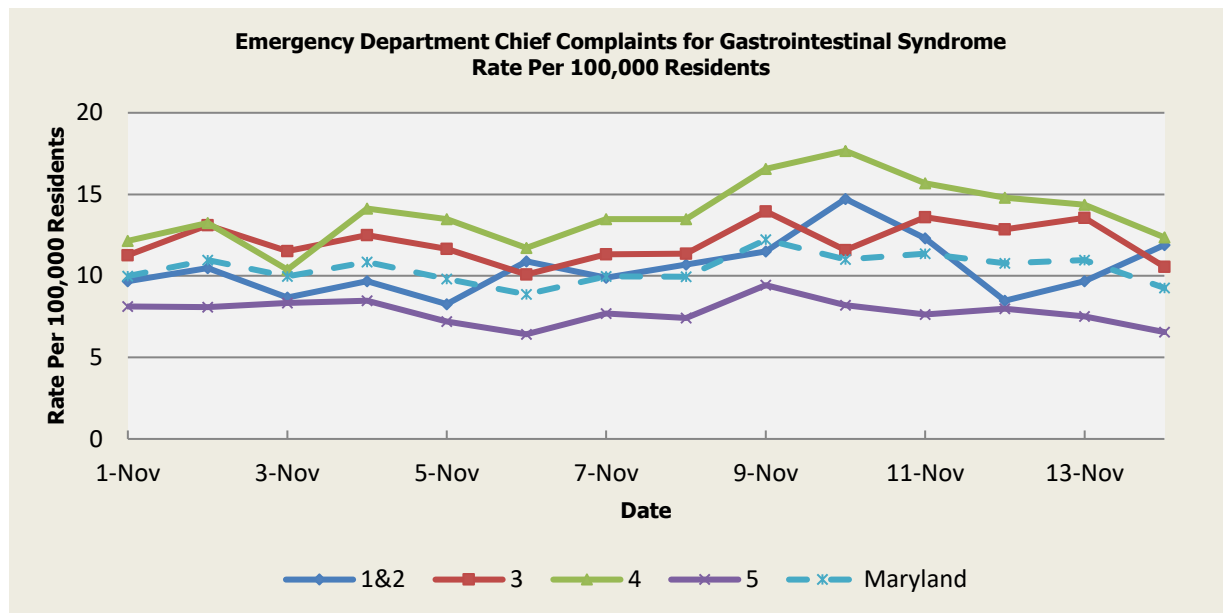
Maryland: **ENHANCED** (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2020.

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Gastrointestinal Syndrome



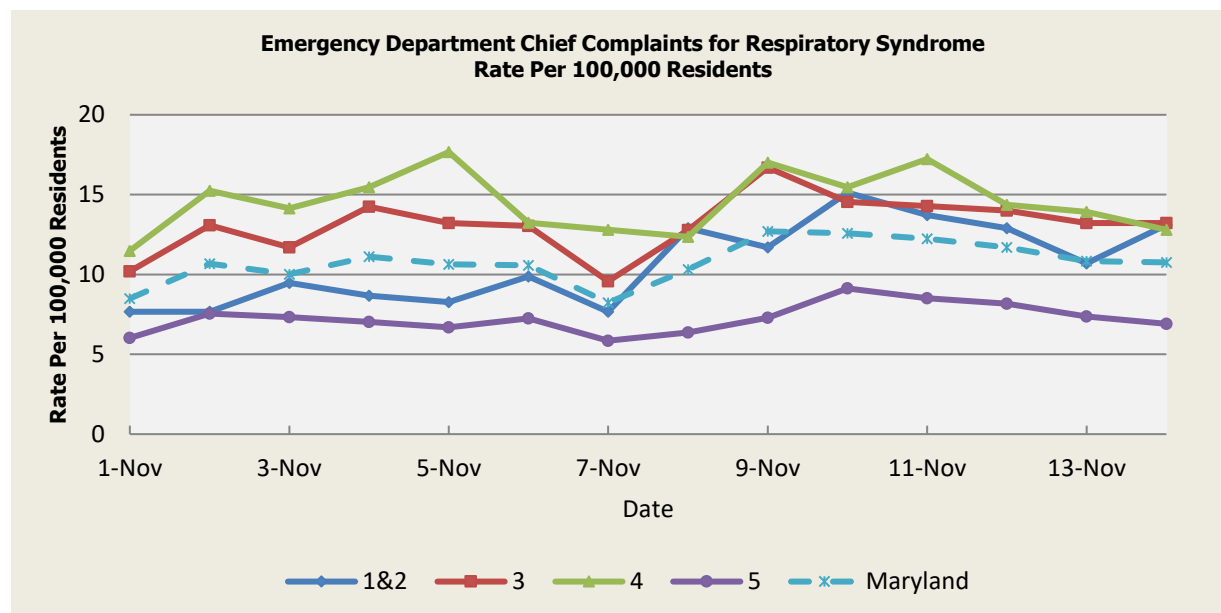
There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.20	14.86	15.85	10.14	12.99
Median Rate*	13.11	14.72	15.46	10.08	12.93

* Per 100,000 Residents

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Respiratory Syndrome



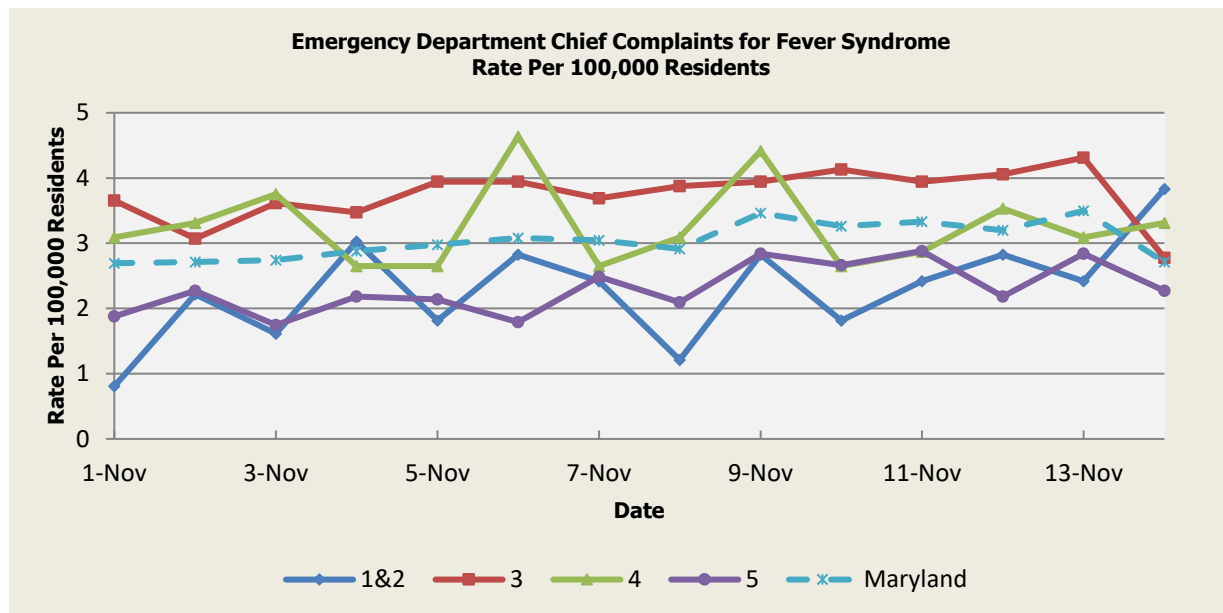
There were one hundred and fifty-eight (158) Respiratory Syndrome outbreaks reported this week: Twenty six (26) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Children's Residential Treatment Facility (Region 3), one (1) outbreak of COVID-19 in an Event (Region 5), five (5) outbreaks of COVID-19 in Correctional Facilities (Regions 1&2,3), twenty (20) outbreaks of COVID-19 in Daycare Centers (Regions 1&2,3,4,5), twenty nine (29) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,4,5), ten (10) outbreaks of COVID-19 in Hospitals (Regions 1&2,3,5), five (5) outbreaks of COVID-19 in Institutes of Higher Education (Regions 3,5), twenty two (22) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,5), three (3) outbreaks of COVID-19 in Outpatient Facilities (Regions 1&2,3), two (2) outbreaks of COVID-19 in Religious Organizations (Regions 3,5), one (1) outbreak of COVID-19 in a Residential Program (Region 3), sixteen (16) outbreaks of COVID-19 in Schools (Regions 1&2,3,4,5), two (2) outbreaks of COVID-19 in Shelters (Regions 1&2), one (1) outbreak of COVID-19 in a Sports Team (Region 5), eight (8) outbreaks of COVID-19 in Substance Abuse Treatment Programs (Regions 3,5), one (1) outbreak of COVID-19 in a Transitional Housing Facility (Region 3), three (3) outbreaks of COVID-19 in Workplaces (Region 3), one (1) outbreak of COVID-19 in a Restaurant (Region 3), one (1) outbreak of COVID-19 in a Community Organization (Regions 1&2).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.44	14.75	15.17	9.99	12.77
Median Rate*	12.10	14.10	14.35	9.60	12.21

* Per 100,000 Residents

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Fever Syndrome



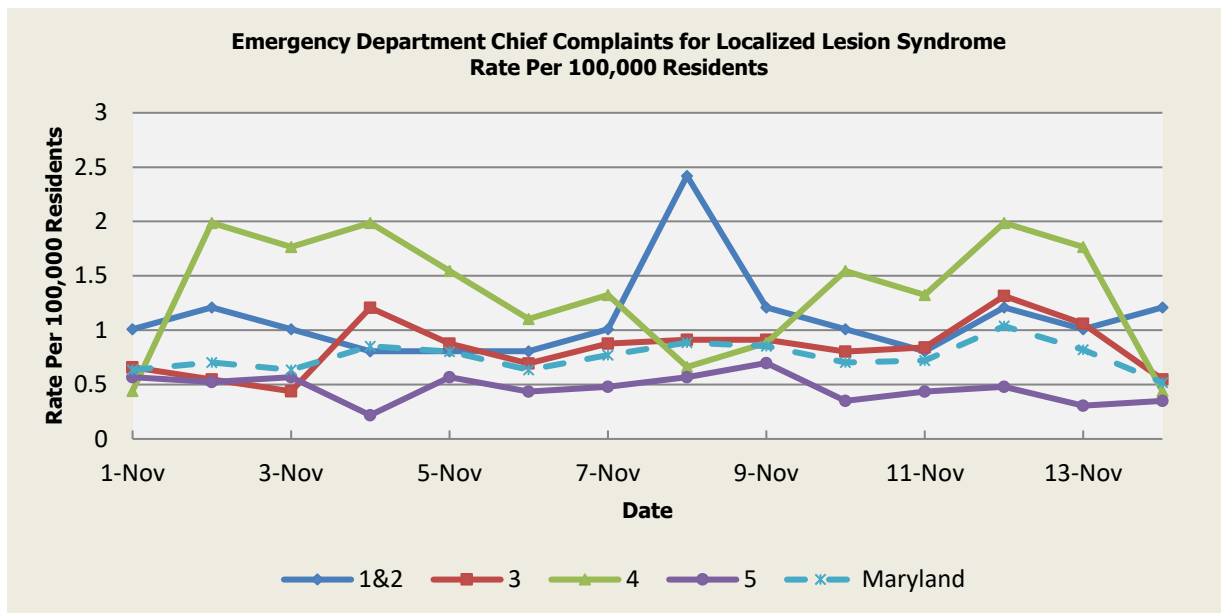
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.06	3.90	4.13	3.03	3.51
Median Rate*	3.02	3.76	3.97	2.92	3.38

**Per 100,000 Residents*

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Localized Lesion Syndrome



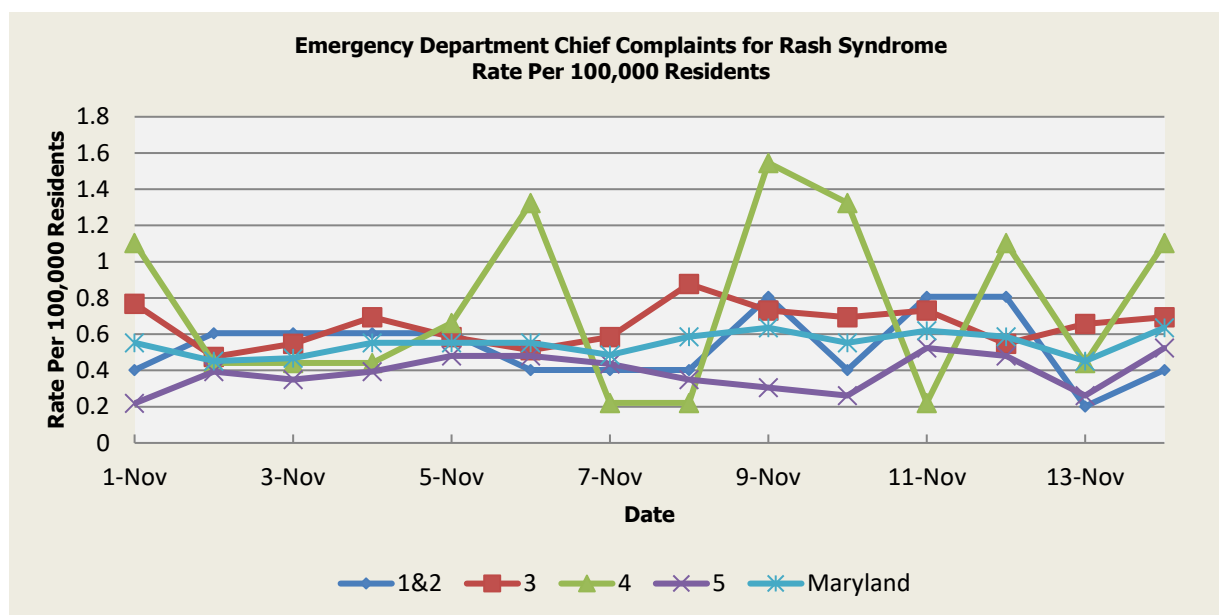
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.71	1.99	0.87	1.36
Median Rate*	1.01	1.64	1.99	0.83	1.32

* Per 100,000 Residents

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Rash Syndrome



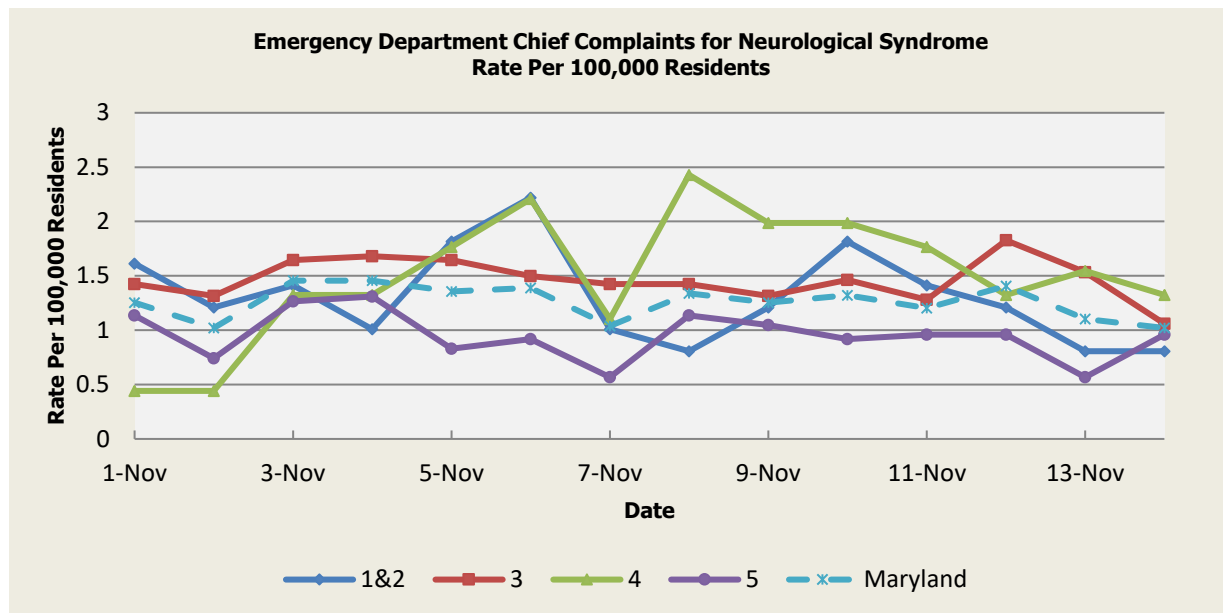
There were one (1) Rash Syndrome outbreaks reported this week, one (1) outbreak of Scabies in a Nursing Home (Region 5).

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.20	1.60	1.69	0.93	1.32
Median Rate*	1.21	1.53	1.55	0.92	1.29

* Per 100,000 Residents

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Neurological Syndrome



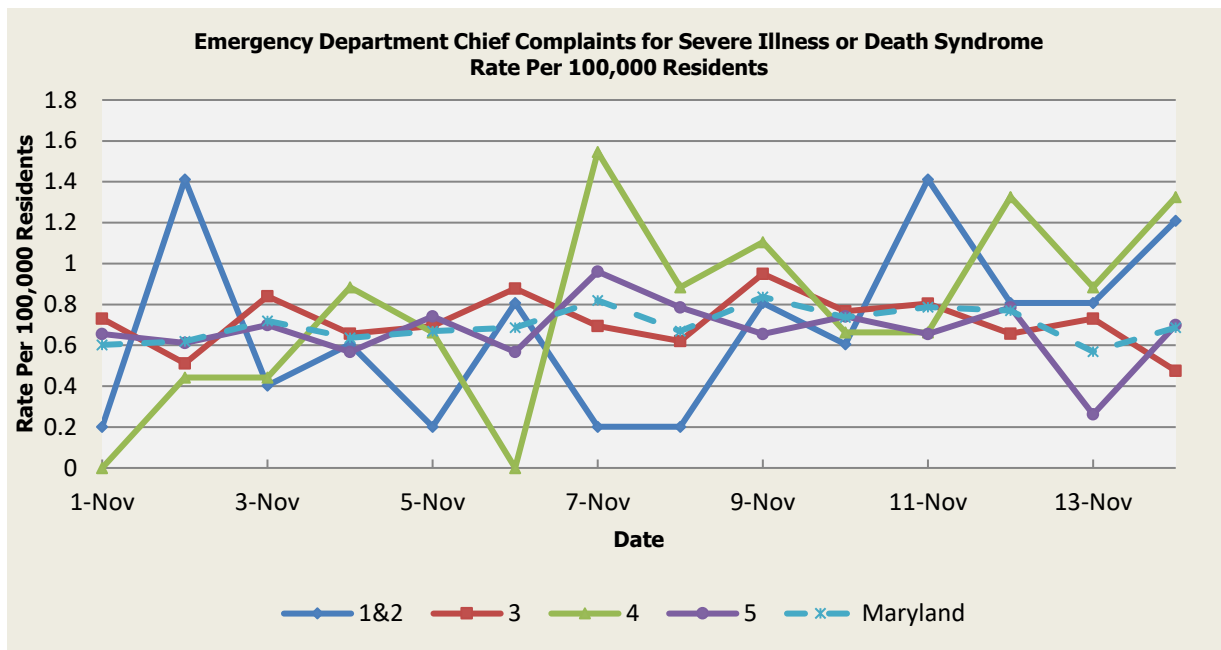
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.82	1.00	0.93	0.64	0.84
Median Rate*	0.81	0.95	0.88	0.61	0.80

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

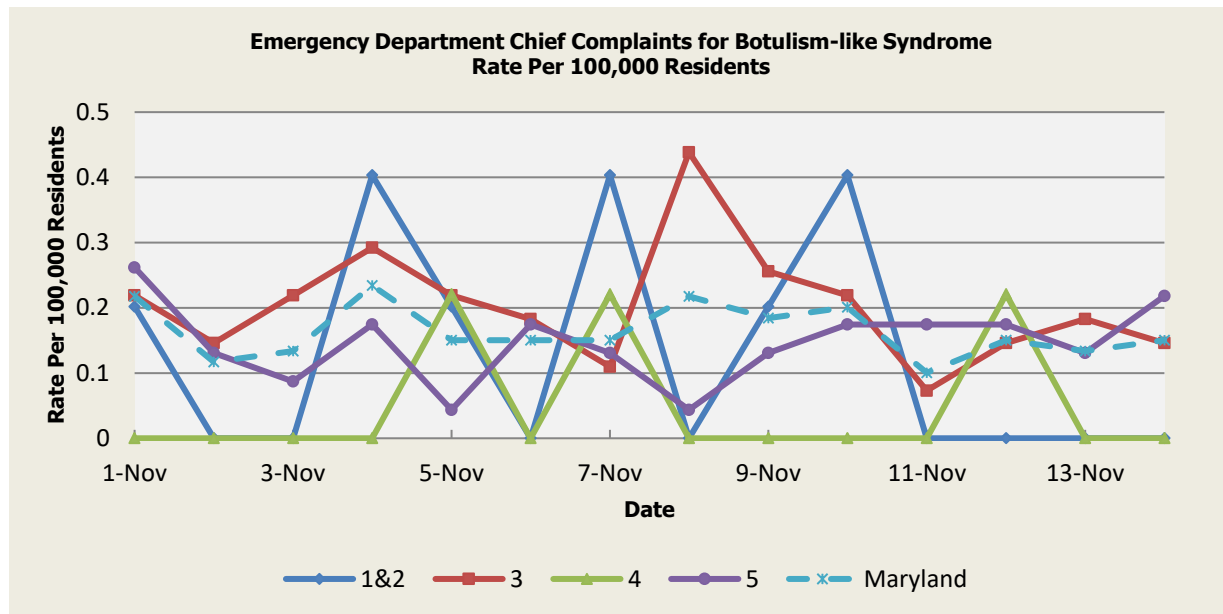
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.54	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



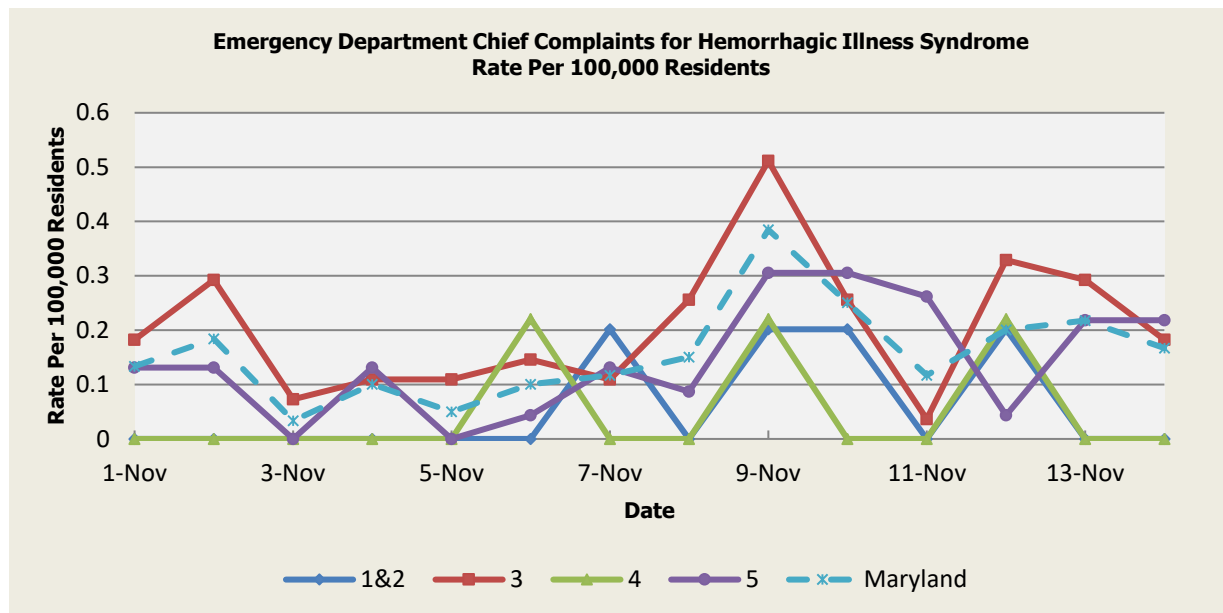
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 11/01 (Regions 1&2,5), 11/04 (Regions 1&2,3), 11/05 (Regions 1&2,4), 11/07 (Regions 1&2,4), 11/08 (Region 3), 11/09 (Regions 1&2), 11/10 (Regions 1&2), 11/12 (Region 4), 11/14 (Region 5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.09	0.11
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



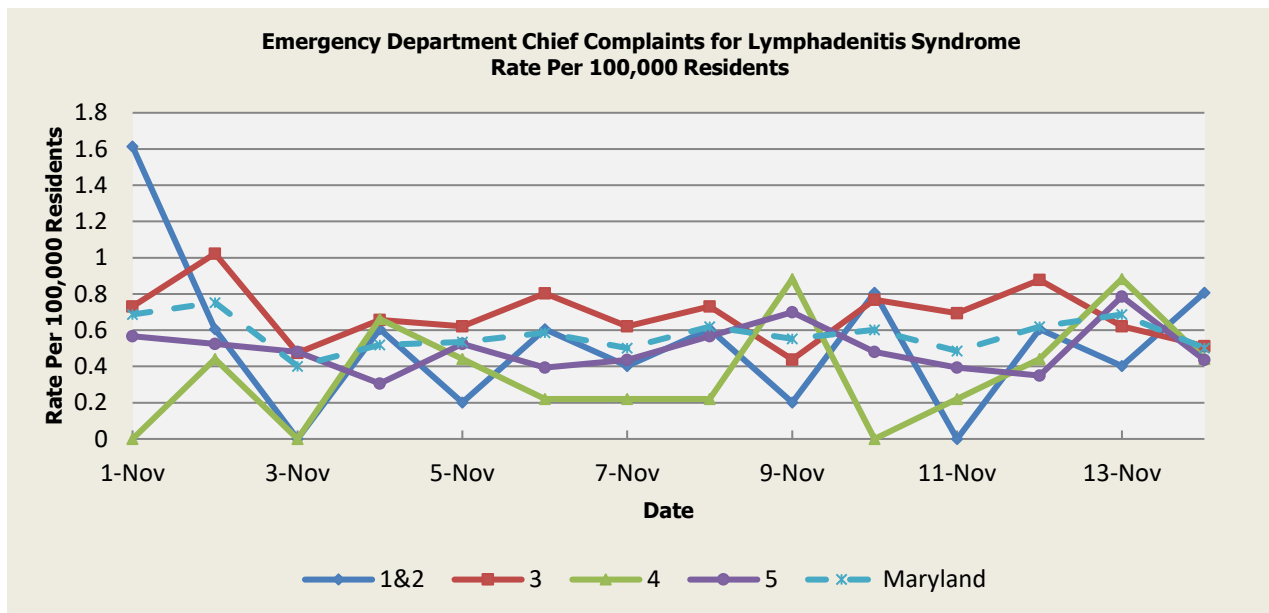
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 11/06 (Region 4), 11/07 (Regions 1&2), 11/9 (Regions 1&2,3,4,5), 11/10 (Regions 1&2,5), 11/12 (Regions 1&2,4). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 11/01 (Regions 1&2), 11/09 (Region 4), 11/10 (Regions 1&2), 11/13 (Region 4), 11/14 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.41	0.40	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.47

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of November 20th, 2020)

County	Number of Confirmed Cases
Allegany	2,115
Anne Arundel	15,103
Baltimore City	22,010
Baltimore County	26,088
Calvert	1,439
Caroline	844
Carroll	2,930
Cecil	1,795
Charles	3,938
Dorchester	932
Frederick	5,943
Garrett	447
Harford	5,184
Howard	7,201
Kent	391
Montgomery	30,580
Prince George's	38,053
Queen Anne's	990
Somerset	636
St. Mary's	1,851
Talbot	733
Washington	3,409
Wicomico	3,071
Worcester	1,403
Total	177,086

The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

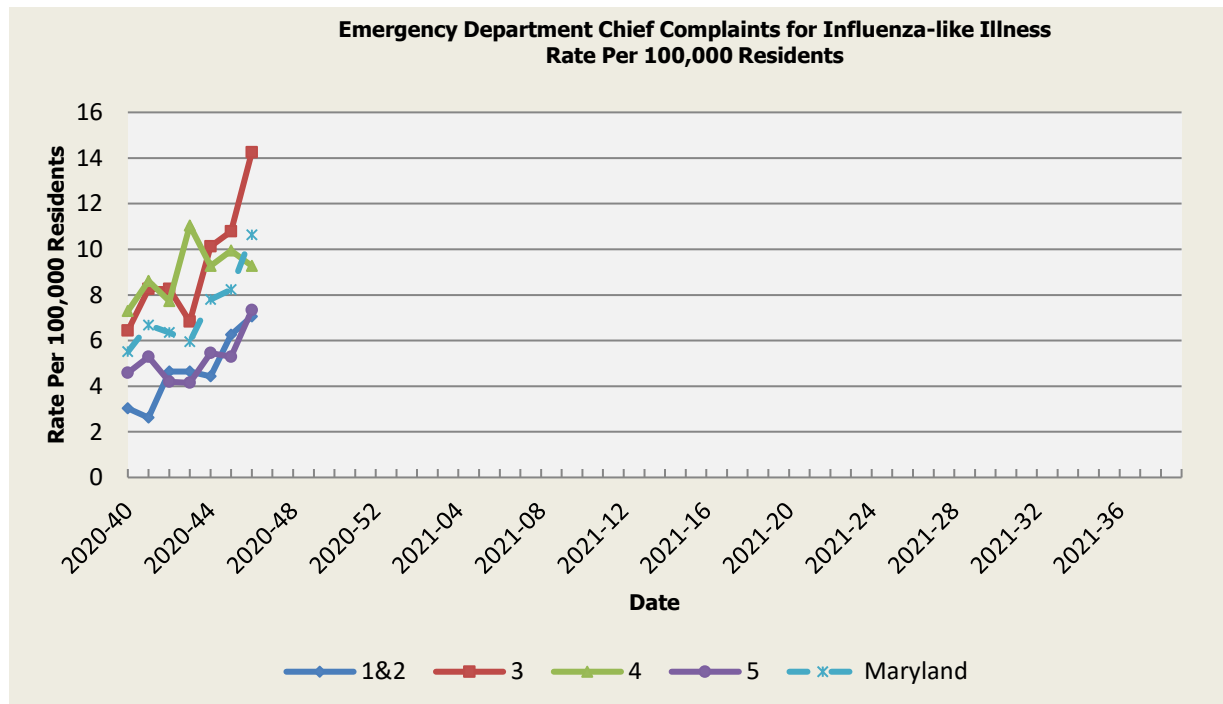
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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2020 through May 2021). Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2021-2022 reporting season (MMWR Week 40/Week Ending October 9, 2021).

Seasonal Influenza activity for Week 46 was: Minimal

Influenza-like Illness

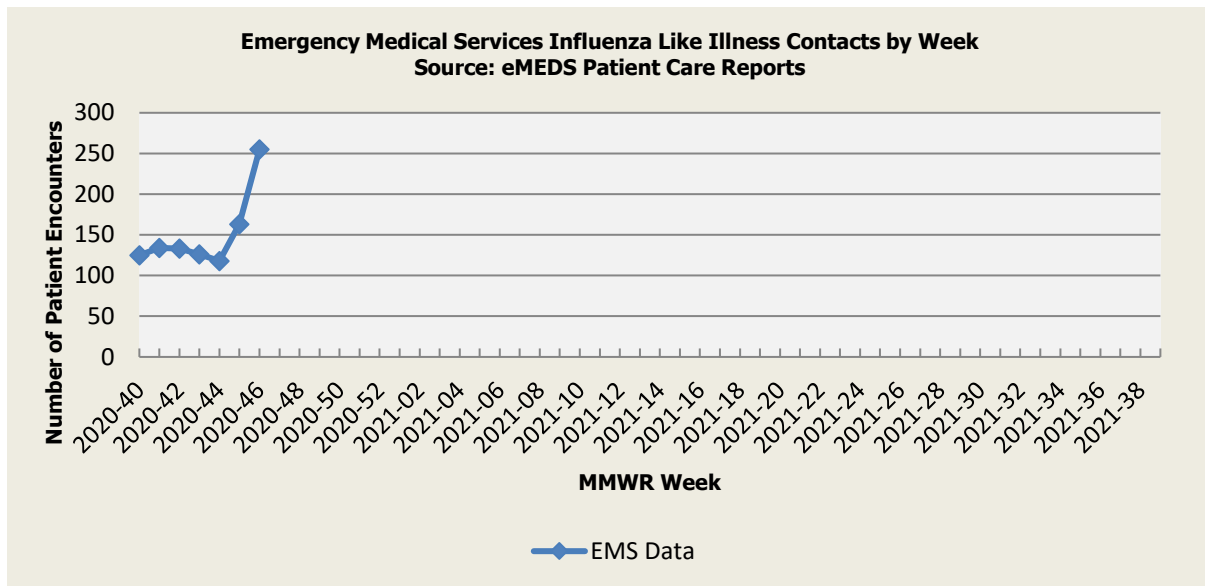


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.26	14.09	13.41	11.87	12.87
Median Rate*	7.66	10.38	9.50	8.82	9.49

* Per 100,000 Residents

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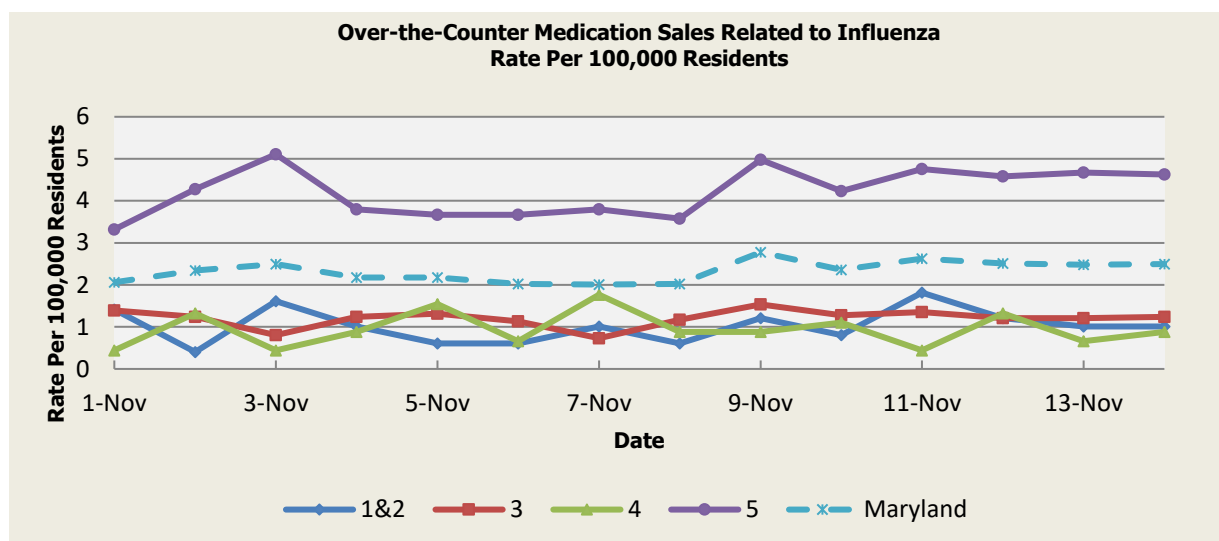
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



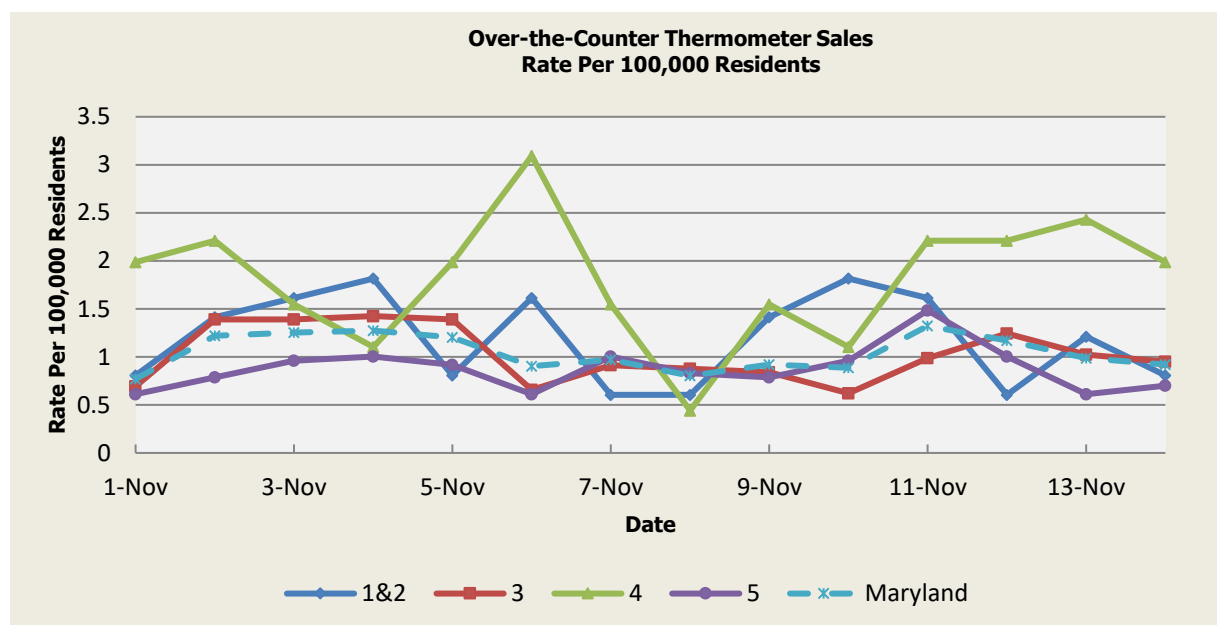
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.27	4.17	2.55	7.49	5.24
Median Rate*	2.62	3.22	2.21	6.68	4.45

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.73	2.59	2.10	3.42	2.88
Median Rate*	2.42	2.52	1.99	3.41	2.91

* Per 100,000 Residents

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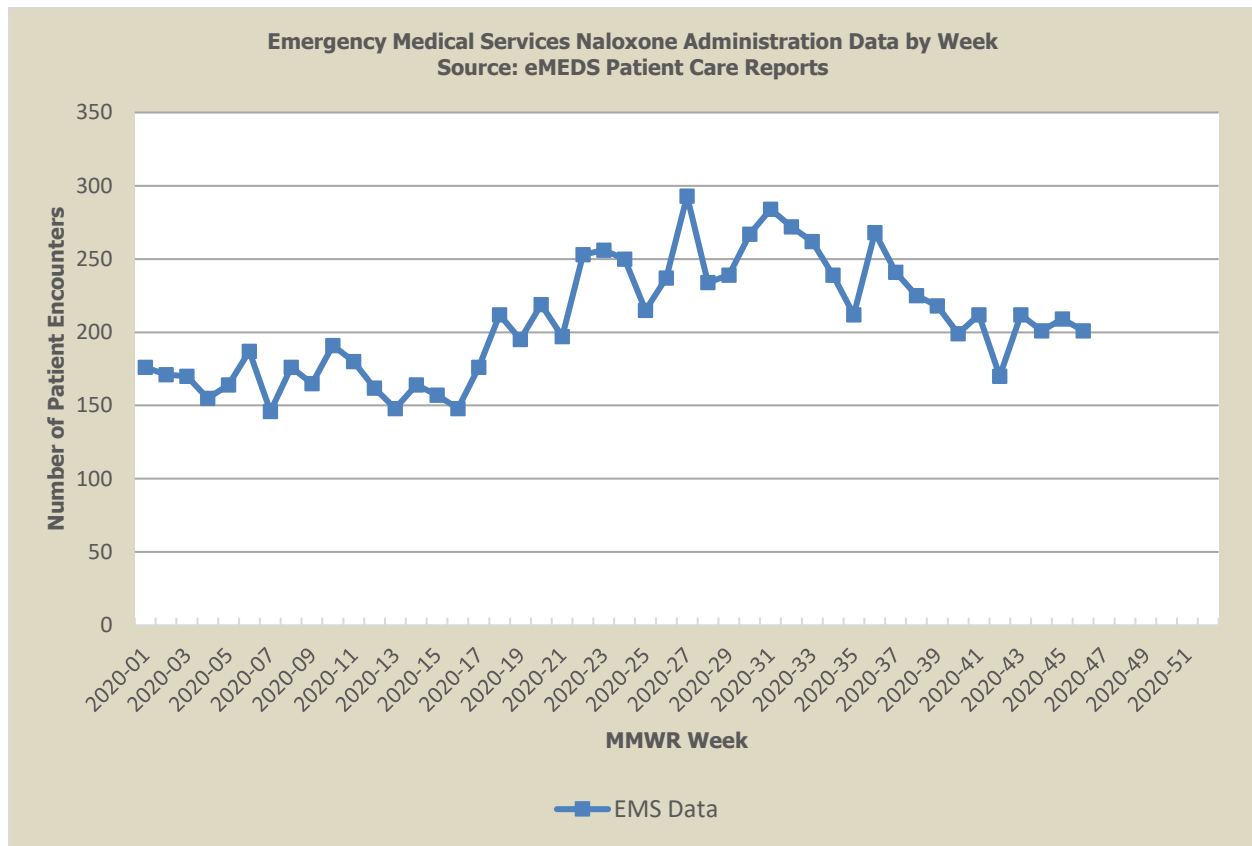
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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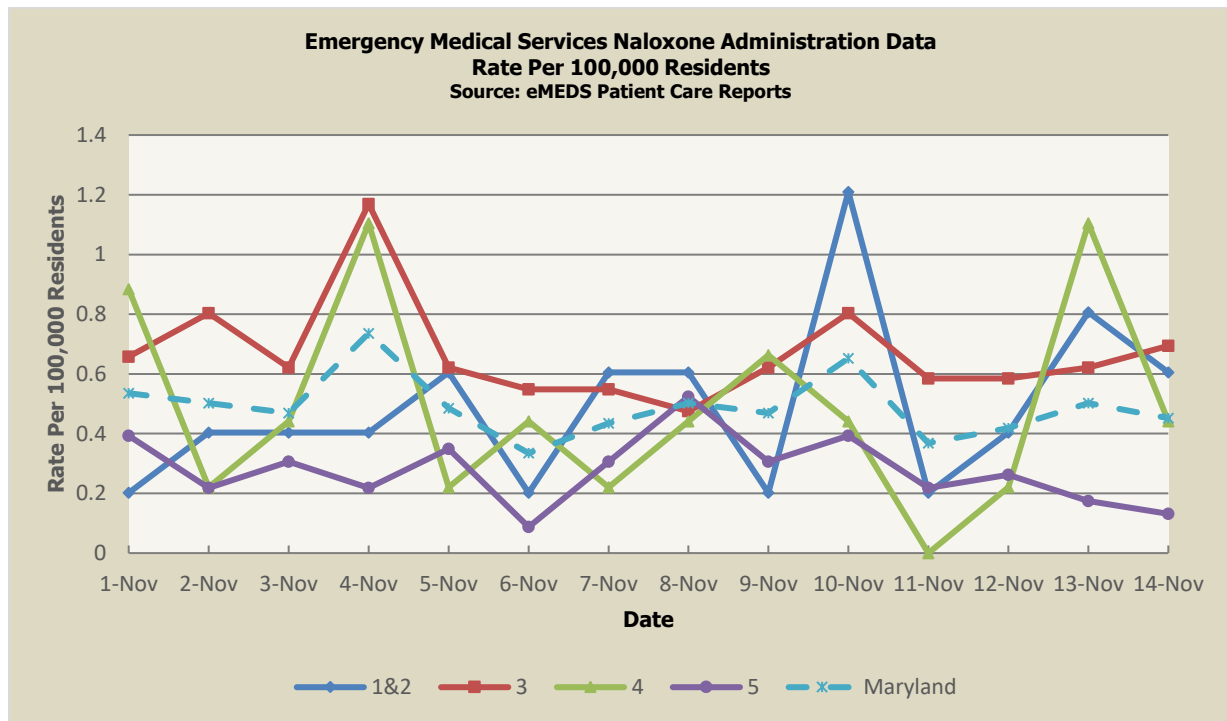
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of November 20th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (BELGIUM), 19 November 2020, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Belgium. Read More: <https://promedmail.org/promed-post/?id=7955803>

AVIAN INFLUENZA (FRANCE), 19 November 2020, Information received on [and dated] 17 Nov 2020 from Dr Loic Evain, directeur general adjoint, CVO, Direction generale de l'alimentation, Ministere de l'Agriculture et de l'Alimentation, Paris, France. Read More: <https://promedmail.org/promed-post/?id=7954116>

AVIAN INFLUENZA (LAOS), 16 November 2020, Information received on 14 Nov 2020 from Dr Vilayphone Vorraphim, director general, Department of Livestock and Fisheries, Ministry of Agriculture and Forestry, Vientiane, Laos. Read More: <https://promedmail.org/promed-post/?id=7947613>

AVIAN INFLUENZA (IRELAND), 13 November 2020, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Ireland. Read More: <https://promedmail.org/promed-post/?id=7941886>

HUMAN AVIAN INFLUENZA

AVIAN INFLUENZA, HUMAN (LAOS), 13 November, 2020, Between [30 Oct and 5 Nov 2020], one new case of human infection with avian influenza A(H5N1) virus was reported to WHO in the Western Pacific Region. Read More: <https://promedmail.org/promed-post/?id=7939962>

NATIONAL DISEASE REPORTS

There were no relevant national disease reports this week

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (GLOBAL), 19 November 2020, In the past 24 hours, the USA (173 768), India (45 439), Brazil (35 645), Italy (34 283) and France (28 383) have reported the highest numbers of cases. Read More: <https://promedmail.org/promed-post/?id=7956001>

EBOLA UPDATE (DEMOCRATIC REPUBLIC OF CONGO), 18 November 2020, Today [18 Nov 2020] marks the end of the 11th Ebola outbreak in the Democratic Republic of the Congo (DRC), nearly 6 months after the 1st cases were reported in Equateur Province. Read More: <https://promedmail.org/promed-post/?id=7946079>

YELLOW FEVER (NIGERIA), 17 November 2020, Benue state government, Monday [16 Nov 2020], confirmed that the strange ailment that recently claimed 20 lives in Okpeilo-Otukpa community in Ogbadibo Local Government Area [LGA] of Benue State was yellow fever. Read More: <https://promedmail.org/promed-post/?id=7948731>

LEPTOSPIROSIS (INDIA), 16 November 2020, Rat fever [leptospirosis] cases are rising. Between January and September this year [2020], 173 rat fever cases were reported. Read More: <https://promedmail.org/promed-post/?id=7948020>

MELIOIDOSIS (VIETNAM), 16 November 2020, A Quang Binh Province official who spent days in floodwaters in October 2020 managing relief efforts died of a bacterial infection this week. Read More: <https://promedmail.org/promed-post/?id=7947825>

RIFT VALLEY FEVER (MAURITANIA), 14 November 2020, The Ministry of Health (MOH) notified WHO that between 13 Sep and 1 Oct 2020, 8 cases of Rift Valley fever (RVF) including 7 deaths were confirmed in animal breeders. Read More: <https://promedmail.org/promed-post/?id=7943971>

SCRUB TYPHUS (INDIA), 14 November 2020, Panna CMHO [Chief Medical & Health Officer] Dr. LK Tiwari said 2 deaths due to scrub typhus have been reported in Jabalpur Medical College. Read More: <https://promedmail.org/promed-post/?id=7942813>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

